



Kansas Injury Prevention Symposium

Briefing Materials & Agenda Packet

Tuesday, June 15, 2010

9 a.m. to 4 p.m.

Rolling Hills Wildlife Conference Center
Salina, KS

Author

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Injury Prevention Symposium Introduction

The Kansas Injury Prevention Symposium aims to develop the 2010-2015 Unintentional Injury Prevention Program Plan. The Kansas Department of Health and Environment's **Office of Injury Prevention and Disability Programs (OIDP)**, sponsor of the Symposium, intends the Prevention Program Plan to be a resource for local injury-prevention organizations across Kansas as they plan their own efforts. The Symposium has two other objectives:

- Prioritize injury types.
- Help local organizations network and coordinate their efforts.

OIDP believes this new strategic plan must build on solid understandings of two things in order to succeed:

- Kansas injury data, which are available from multiple sources.
- Progress made since 2001's *Injury in Kansas Strategic Plan: Phase I* was released.

Therefore, the Injury Prevention Symposium is organized around two reports contained in these briefing materials; one on injury data, and one about progress made since 2001 on injury prevention strategic plan objectives. In the latter case, **the intent is to show what ideas have already been discussed, and what actions have already been taken, to**

avoid treading old ground or “reinventing the wheel.”

What to expect at the Symposium

The symposium will be engaging, enjoyable, and fast-paced, with lots of participant-driven discussion in small and large groups. We will move step by step through a tight agenda. **We respect your time and will take breaks, eat lunch, and finish our work, all on schedule.** Major agenda items are:

1. Data presentations.
2. Small-group discussions to prioritize injury types.
3. Small-group discussions to write strategic plan objectives.
4. Large-group discussions to share strategic plan objectives.
5. A morning break, lunch, and an afternoon break.

Q&A about the Symposium

Why is this important?

Injury is the fifth leading cause of death in Kansas, and is also among the leading causes of hospitalization. It is typical to consider some causes of death—cancer, heart disease, stroke—as mainly affecting Kansans in older age groups. However, everyone is affected by injury, regardless of age, sex, or race. In fact, injury is the

leading cause of death among Kansans under 34 years of age. About 1,600 Kansans die each year as the result of injury; about 1,100 of these are unintentional injuries. But many injuries are preventable. You can help us select the prevention strategies best suited for implementation in Kansas.

Why do we need your help?

Three reasons. One, we want to use our existing, limited funds wisely and efficiently. Two, we believe the best ideas come from diverse groups working and thinking together. Three, we need widespread stakeholder buy-in. Because existing resources are limited, we need to seek external funding for unintentional injury prevention efforts. Granting agencies look for stakeholder buy-in when making funding decisions.

Why is this packet so long?

Because everything is here, in one place. We can all recall attending planning meetings with thick binders full of handouts from a variety of sources. By contrast, one person pulled together this entire packet, designing every section to communicate only what you need to know, in the order you need to know it.

One drawback: You don't get to take home another binder.

Do I have to read this entire thing before the Symposium?

Please do. This is the minimum you need to know to make an effective contribution at the Symposium and

“If a disease were killing our children at the rate unintentional injuries are, the public would be outraged and demand that this killer be stopped.”

C. Everett Koop, MD, ScD, former Surgeon General of the United States and former Chairman of National Safe Kids Campaign

take a meaningful step toward an effective strategic plan for unintentional injury prevention in Kansas. When everyone starts from the same knowledge level, participants feel empowered to contribute and more gets done because everyone is equally equipped to help. We will have two brief data presentations at the Symposium.

How will my input be used?

At the Symposium we will write a number of recommended strategic plan objectives for preventing unintentional injuries. A report will be written about the Symposium and our recommendations, which you can review and comment on before it becomes final. Ultimately, recommendations generated at the Symposium will become the central part of the 2010-2015 Unintentional Injury Prevention Program Plan.

OIDP wants our strategic objective recommendations, and ultimately the Prevention Plan, to meet the following criteria:

- Be written in SMART—Specific, Measurable, Achievable, Relevant, and Time-Framed—format.
- Adhere to principles of effective prevention.
- Be feasible for implementation by agencies and organizations across Kansas.

Unlike with other planning meetings you may have attended, the Symposium's output will not be an agenda for another meeting. We will actually produce something at the Symposium.

What's the thinking behind having each group write just one objective in an assigned category and one in a chosen category?

Ah, you've been reading ahead to the agenda! Three reasons:

1. The assigned categories are there to ensure we cover all the major injury categories.
2. We want each group to also have a chance to address the

category its members are most interested in, so that's why we have each group write an objective in the category of its choice. (Note: As you'll see in the Agenda, we draw numbers from a box to see which group gets to choose a category first from the eight categories available.)

3. We want the 2010-2015 Unintentional Injury Prevention Program Plan to be reader-friendly (that is, short) and to contain only the most promising prevention interventions for Kansas.

What if I have more questions?

Please feel free to call or e-mail our consultant, John Fulwider. His phone number is (402) 202-2820, and his e-mail address is john@fulwiderpartners.com. Or you can contact Lori Haskett, Director, Injury Prevention, Bureau of Health Promotion, KDHE, at (785) 296-8163 or Lhaskett@kdheks.gov.

How to Use the Briefing Materials

This packet serves as both briefing materials to read **before** the Symposium, and a detailed agenda to work through **during** the Symposium. We won't hit you with much other paper during the Symposium; this is pretty much it.

Before the Symposium

1. Carefully read all the sections from here up to the agenda.
2. Examine the agenda so you know what to expect at the Symposium.
3. Skim the discussion worksheets, and if you have time jot down some ideas in the spaces provided.

During the Symposium

Use this packet from the agenda pages onward as a workbook, following along with the discussion worksheets appearing after the agenda.

Rationale for each section

Here's why we would like you to read each section in the briefing materials:

Kansas Injury Data

These data describe how a wide variety of injuries affect male and female Kansans of all ages. Read this section to get a handle on the scope of the injury problem in Kansas.

Progress Report on Injury Planning

Since 2001 there have been several planning efforts focused on individual injury types, but no new effort to prioritize among the injury issues. Presented here is a progress report on the 2001 plan's objectives and recommendations. The intent is to show what ideas have already been discussed, and what actions have already been taken, to avoid treading old ground or "reinventing the wheel."

9 Principles of Effective Prevention Programs

We have all seen firsthand how limited funding and human resources are in the current economic climate. When we come up with resources to put toward unintentional injury prevention, we have to use them wisely. Following effective prevention principles is a key step in making that happen.

Introduction to Injury in Kansas

Injury is the fifth leading cause of death in Kansas, and is also among the leading causes of hospitalization. It is typical to consider some causes of death—cancer, heart disease, stroke—as mainly affecting Kansans in older age groups. However, everyone is affected by injury, regardless of age, sex, or race. In fact, injury is the leading cause of death among Kansans under 34 years of age. About 1,600 Kansans die each year as the result of injury; about 1,100 of these are unintentional injuries.

Kansas Department of Health and Environment, Bureau of Health Promotion, Injury Prevention Program, in cooperation with the Centers for Disease Control and Prevention, has implemented a statewide injury surveillance and prevention program in an effort to reduce the burden of injury among Kansans. This means that injury deaths and hospitalizations are tracked over time in an effort to understand the impact and causes of injury in Kansas, and that knowledge is used to promote efforts to prevent injuries in the community.

Defining injury

It is common to consider injuries accidents or random events. However, this implies that injuries are unpredictable and unpreventable. Actually, injuries are preventable (and at the community level are also predictable), and there is a need to

“The risk of injury is so great that most persons sustain a significant injury at some time during their lives.”

U.S. Department of Health
and Human Services, 2000

make injury prevention a top public health priority and recognize that injuries are preventable. Although injuries can be categorized in multiple ways—where they occur, how they occur, etc.—it is typical to categorize injuries in terms of mechanism and intent. Mechanism (or cause) typifies how the injury occurred—for instance, by motor vehicle, firearm, struck by an object, by falling, etc. Intent is classified as unintentional or intentional (or else unknown, undetermined). While unintentional injuries often result as a form of rapid transfer of energy from object to person (e.g. being struck by a motor vehicle), intentional injuries are the result of intentional harm imposed upon one person by another, or upon oneself (e.g. suicide).

Injury as a public health issue

Public health is a population-based health approach by which health issues are addressed at the community level, versus at the individual level. The public health

approach to injury prevention is a process that involves identifying and defining the problem, identifying risk and protective factors, developing and testing prevention strategies, and assuring widespread adoption of effective strategies.

Rather than address single types of injury that occur to individuals on a one to one basis, broad causes and prevention solutions are the focus of injury prevention in public health. Instead of focusing on individuals and the treatment of individual injuries as they arise, it is the whole community, the community's whole health, and community-level prevention which defines the public health approach. Sometimes, prevention at the community level involves changing the environment in which injuries occur; for example, installing traffic signals at intersections, or requiring certain products to be fire safe. At other times, prevention at the community level involves education—such as informing school programs about preventing head injuries, or providing information to guide changes in health policies or laws. Although the public health

workforce may not always directly provide prevention services, public health agencies identify the important conditions and patterns that contribute to injury at the community level, and identify and leverage solutions through community partnerships to promote prevention.

Injury Categories

Various agencies and organizations have used a number of different categories for classifying injury types. At the Symposium we will write strategic objectives in the following categories:

- Drowning
- Falls
- Fire
- Firearms
- Motor Vehicle Collisions
- Pedestrian-Motor Vehicle Fatalities
- Poisoning
- Suffocation

“Injury is the principal
public health problem
in America today.”

William Foege,
Preface to Injury in
America, 1985

Kansas Injury Data

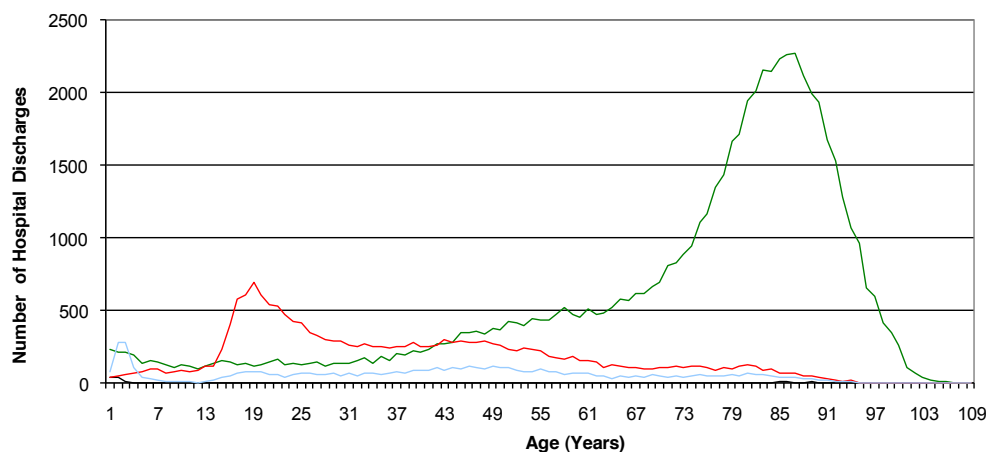
For figures covering the 2003-2007 period, the source is KDHE Vital Statistics data; the bullet points of descriptive text are drawn from the *Kansas Injury Prevention Program Data Book*.

For figures covering the 2000-2008 period, the source for both the figures and the descriptive text is a special report prepared for this Symposium by Dan Dao, injury epidemiologist with the KDHE Bureau of Health Promotion, using KDHE Vital Statistics data.

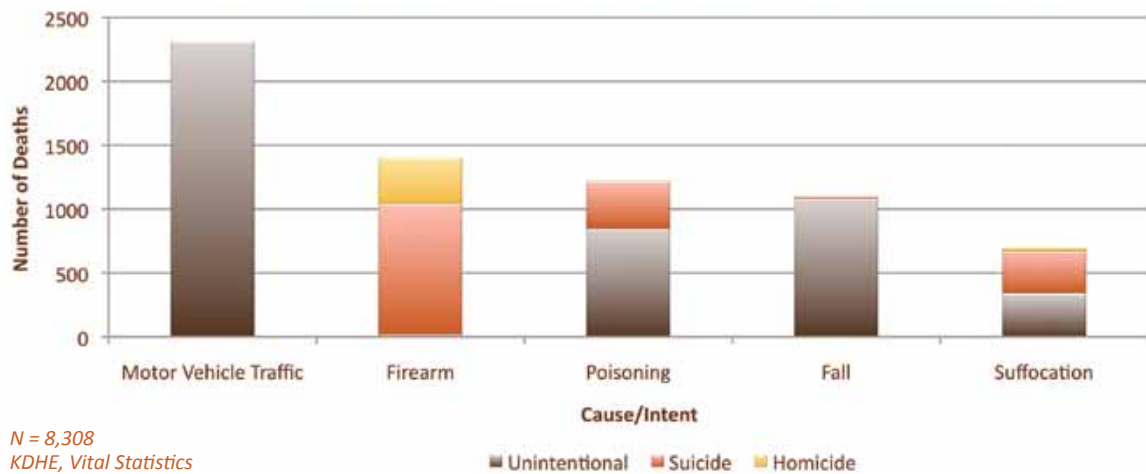
All injuries

In some cases looking at the actual number of events broken down by age gives a better view of the overall impact of injuries. When looking at the raw number of hospital discharges and injuries alone we can clearly see that for deaths in Kansas the leading unintentional cause is motor vehicle accidents, and this rate dramatically increases in the early 20s. Poisoning itself is unique in that during midlife it rivals motor vehicle accidents for leading cause of death. Injuries late in life are dominated by falls, which are the leading causes of both hospitalization and death.

Unintentional injury deaths by age, 2000-2008

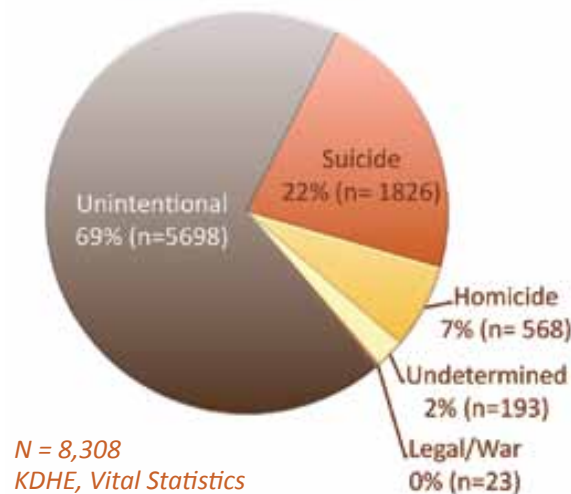


Leading causes of injury death by manner and intent, 2003-2007



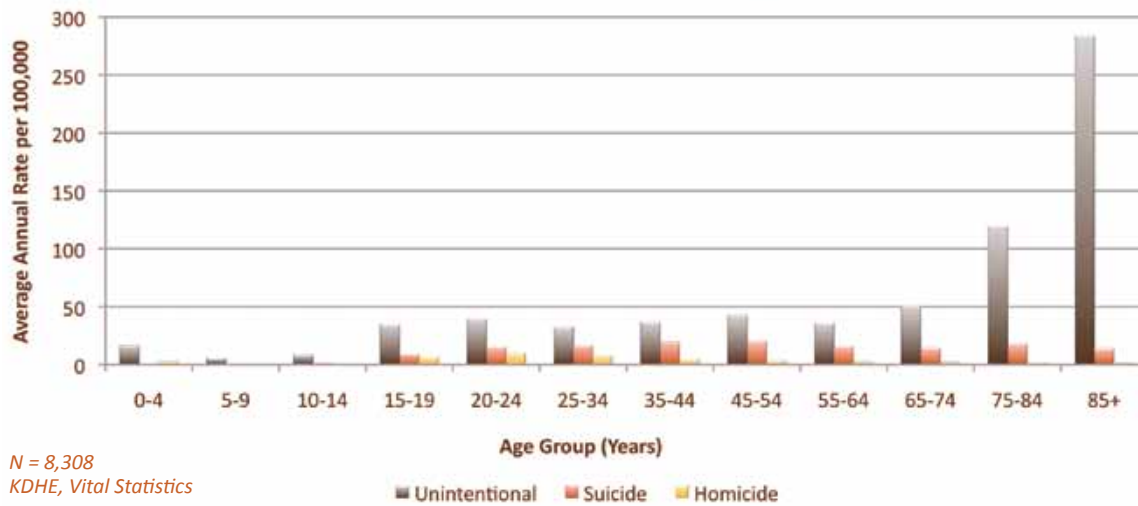
- Motor vehicle-related injuries, firearm injuries, and poisoning are the three leading causes of injury deaths in Kansas.
- Between 2003 and 2007, these causes accounted for approximately 60 percent (27.9 percent motor vehicle, 17.3 percent firearm, and 16.3 percent poisoning) of all injury deaths.
- The majority of the deaths due to motor vehicles were classified as unintentional, whereas most of the deaths due to firearms were classified as suicides and homicides.

Injury Mortality by Intent, 2003-2007



- The majority of the injury deaths are classified as unintentional.
- Between 2003 and 2007, nearly 70 percent of all injuries were unintentional; approximately 29% were due to suicide and homicide.

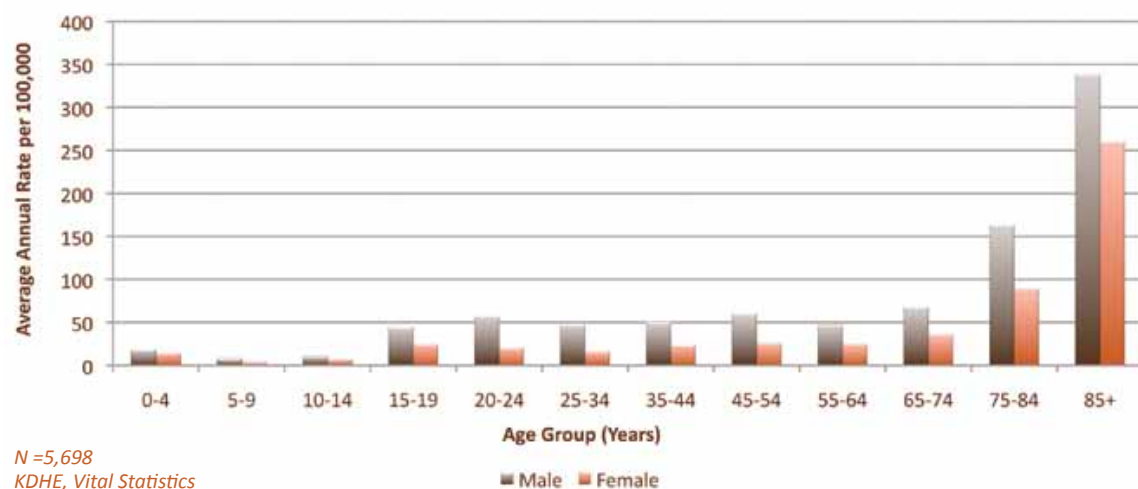
Injury Mortality Rate by Intent and Age, 2003-2007



- For every age group, unintentional injuries were the most frequent form of injury mortality.
- People ages 85 years and older had high rates of deaths due to unintentional injuries. Between 2003 and 2007, 330 out of every 100,000 Kansans ages 85 years and older died as a result of an unintentional injury.
- People ages 75 to 84 years had the second highest rate of unintentional injury deaths. High rates were also observed among Kansans ages 20 to 24 years, 45 to 54 years, and those ages 65 to 74 years.

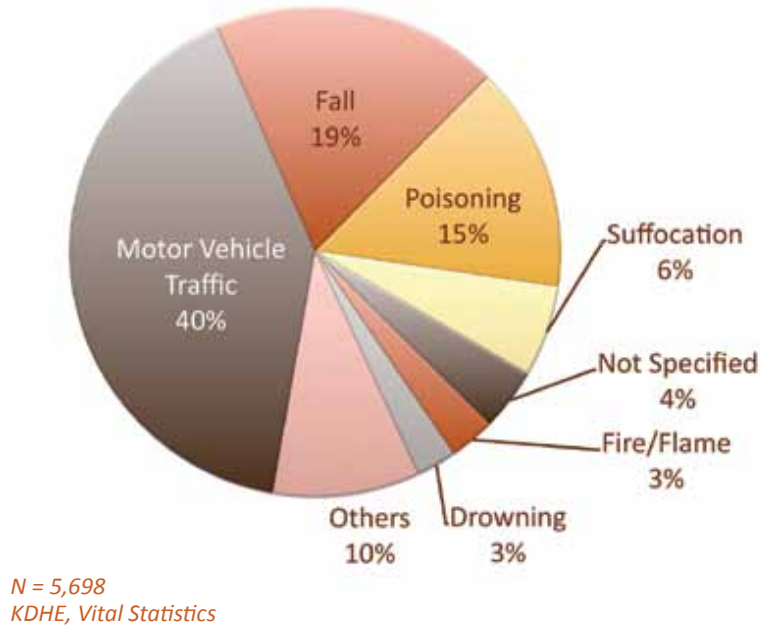
Unintentional Injuries

Unintentional injury mortality rate by age and sex, 2003-2007



- Between 2003 and 2007, 5,693 Kansans died due to unintentional injuries. Males and females 75 years and older had the highest rates of such deaths.

Unintentional injury mortality by injury mechanism, 2003-2007



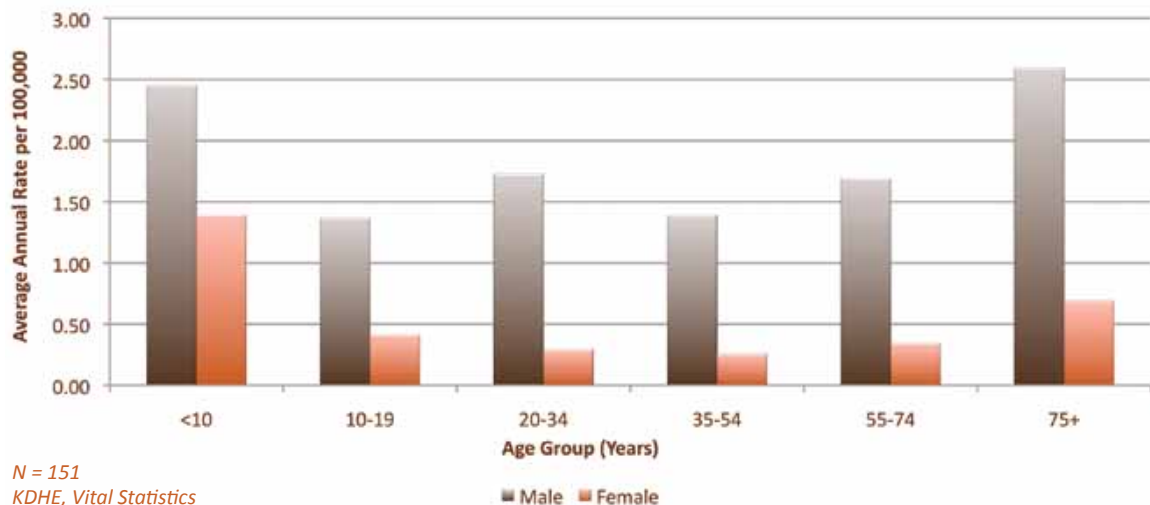
• Most unintentional injury deaths were due to motor vehicle crashes. A total of 2,314 Kansans were killed in a motor vehicle-related incident between 2003 and 2007.

• Falls were the second leading cause of unintentional injury deaths in Kansas. One thousand and eighty two (1,082) people were unintentionally killed in a fall-related incident.

- Poisoning deaths were the third leading cause of unintentional injury deaths in Kansas. Eight hundred and forty-eight (848) persons were unintentionally killed by poisoning.

Drowning

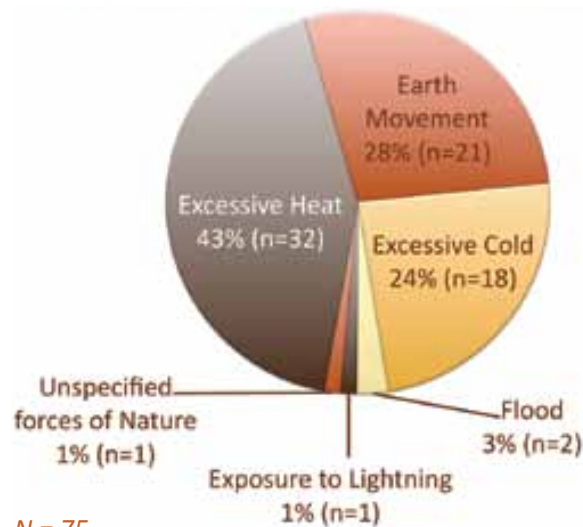
Unintentional drowning rate by age and sex, 2003-2007



- Between 2003 and 2007, 151 Kansans died from unintentional drowning.
- The rate of drowning was approximately 3.5 times higher among males than among females.

Environmental & Natural Elements

Deaths because of environmental and natural elements, 2003-2007



N = 75

KDHE, Vital Statistics

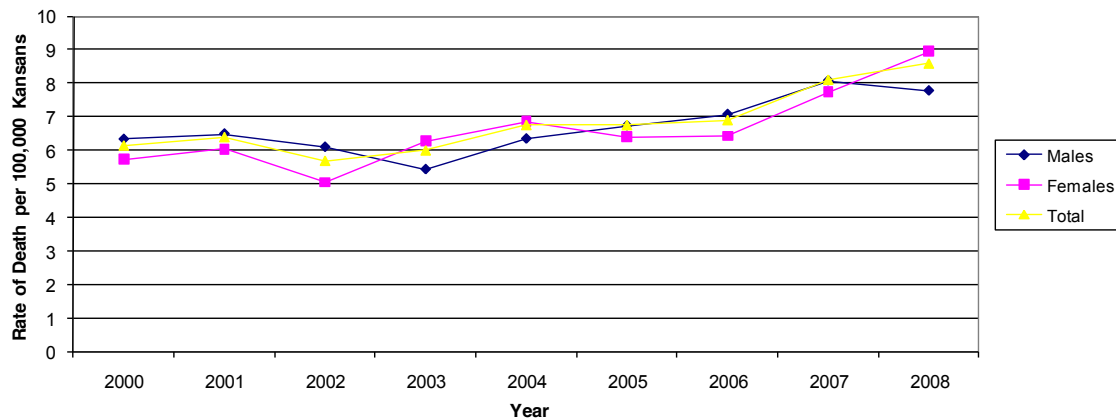
- Between 2003 and 2007, 75 Kansans died as a result of adverse environmental circumstance.
- Sixty-seven percent of the deaths in this category were due to excessive heat and excessive cold.
- Earth movement, such as landslide and mudslide of cataclysmic nature, claimed the lives of 15 Kansans between 2003 and 2007.

Falls

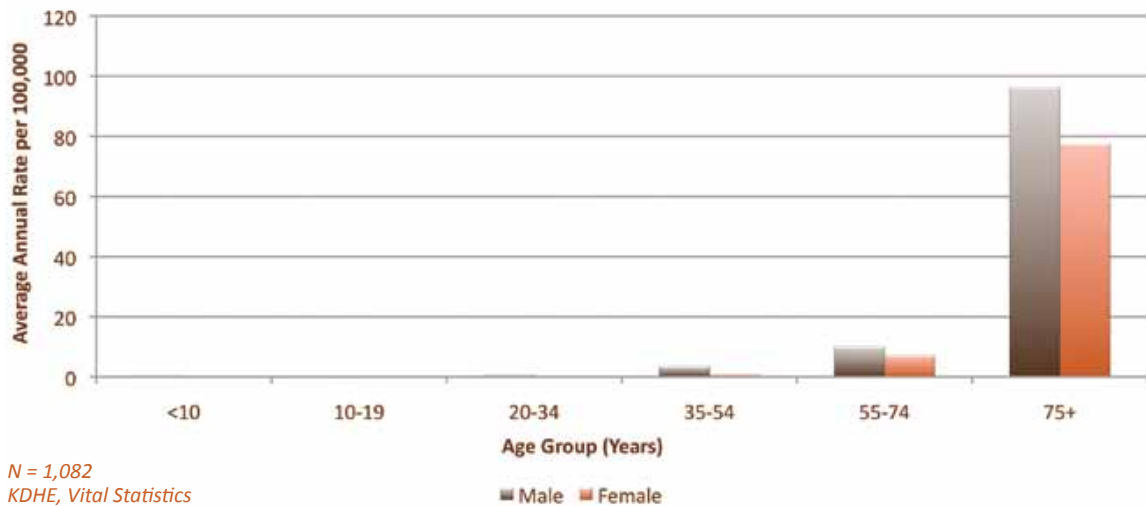
Outside of motor vehicle crashes, the most common injury in Kansas is falls. Hospital discharges due to fall injuries have outnumbered discharges due to motor vehicle injuries 3 to 1 from 2000 to 2008. Although deaths have not climbed dramatically, the hospital discharge rate has nearly doubled for both men and women, compared with earlier this decade. Older women make up a large portion of these injuries, since they live longer on average than men.

As we age our mental and physical capabilities decrease. This is highlighted by the rate of falls increasing steadily with age. The number of falls begins increasing in the 20s and takes a rapid rise in the 70s. These numbers do not decrease until the early 90s. Hospital discharges due to fall injuries make up a large amount of hospital visits. For older adults, falls are the most serious injury risk.

Age adjusted unintentional falls death rate, 2000-2008

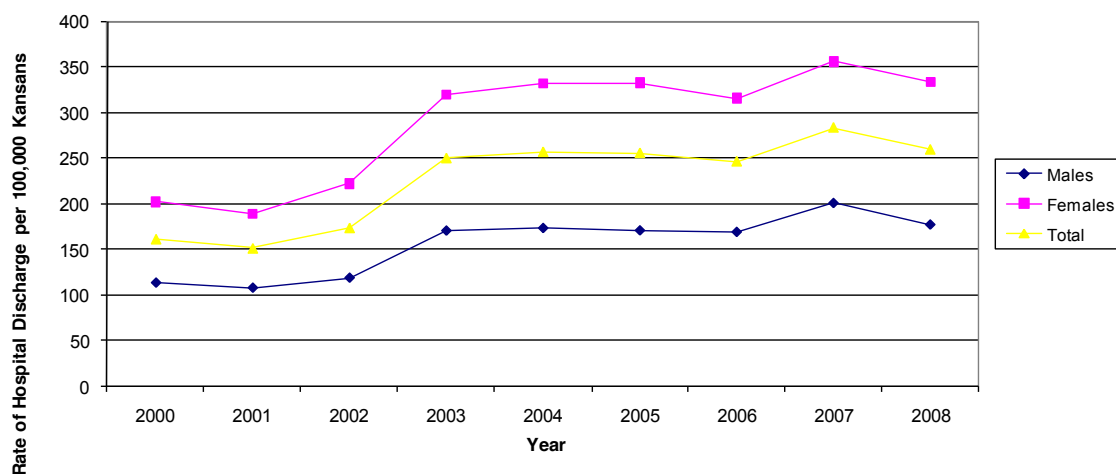


Unintentional mortality rate due to falls by age and sex, 2003-2007



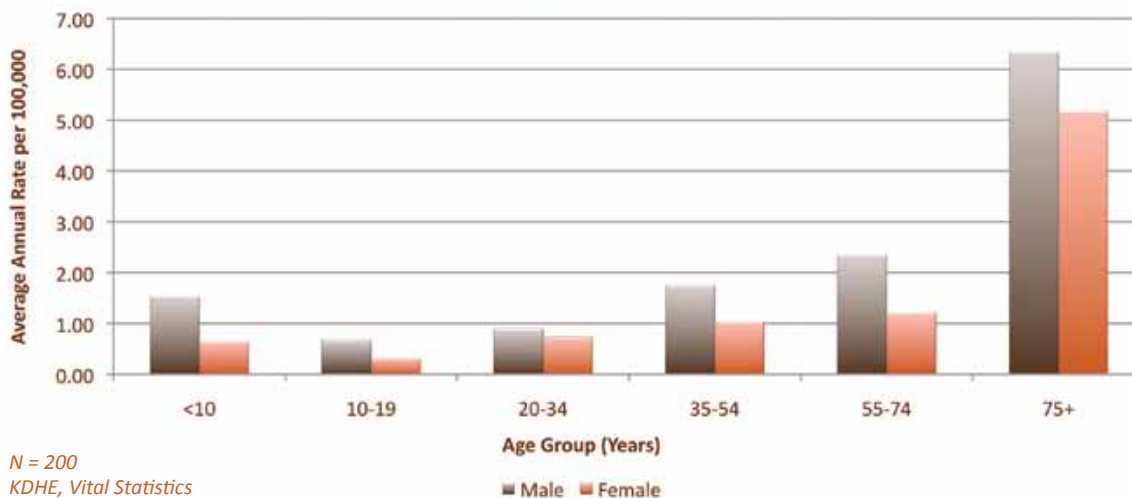
- Between 2003 and 2007, 1,082 Kansans died as a result of unintentional falls.
- The highest rate of deaths due to falls occurred among males 75 years and older.
- Relatively few fall-related deaths occurred in people younger than 19 years.

Age adjusted unintentional falls hospital discharge rate, 2000-2008



Fire/Flame

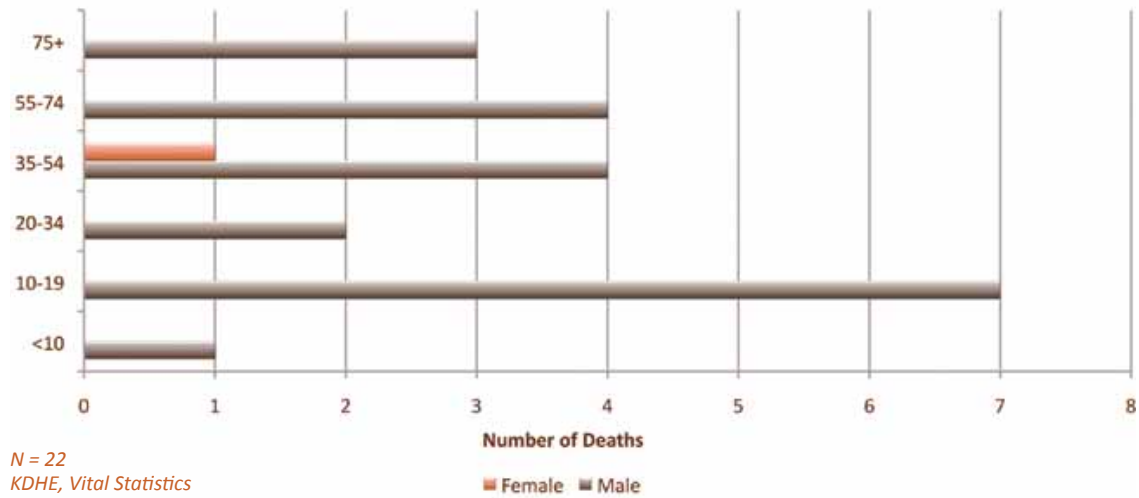
Fire and flame-related death rate by age and sex, 2003-2007



- A total of 200 Kansans died in a fire and flame-related incident between 2003 and 2007.
- The rate of fire and flame-related death is approximately two times higher among males compared to females.
- Majority of the fire and flame-related deaths occurred among Kansans 75 years and above.

Firearms

Unintentional firearm-related death rate by age and sex, 2003-2007



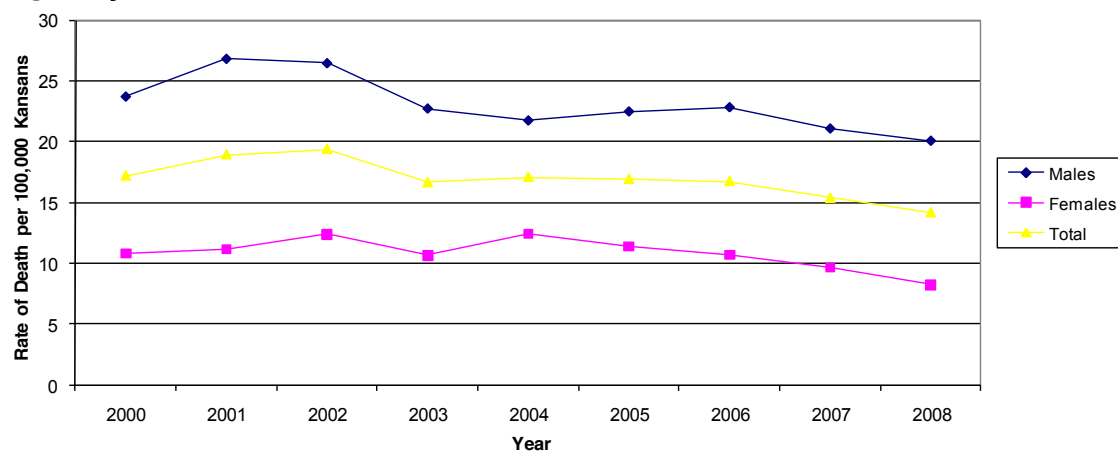
- Between 2003 and 2007, 1,435 Kansans died due to firearm injuries.
- Firearms accounted for the majority of deaths due to suicide and homicide.
- Between 2003 and 2007, 22 Kansans were unintentionally shot and killed.
- Ninety-five percent of these victims were males.
- Deaths due to unintentional firearm injuries were highest among Kansans ages 10 to 19 years and lowest among Kansans less than 10 years old.

Motor Vehicle Injuries Overall

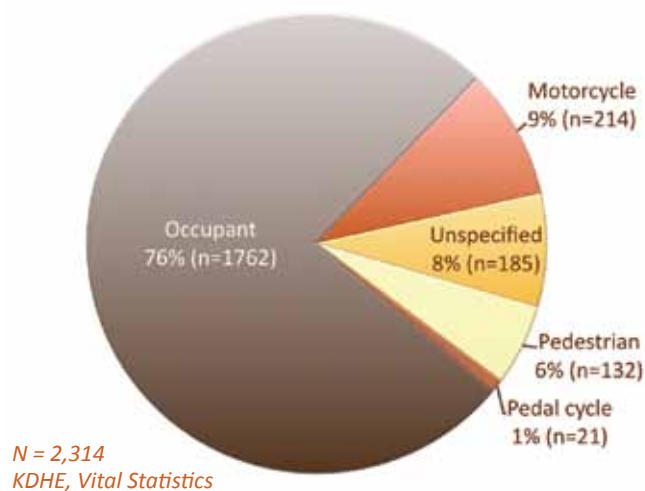
For the most part during this decade the rates of motor vehicle hospital discharges and deaths have been decreasing. Earlier this decade there was an increase in hospital discharges rates. However, rates have stabilized in recent years. Deaths from motor vehicle crashes have been falling steadily; this is due in part to increased safety practices and the improvement of roads by the Kansas Department of Transportation. There is an obvious gap between the sexes, with male rates of death and hospital discharges being double to three times higher than among females.

Drivers are much more likely to be hospitalized when they are younger, and this trend dramatically increases from the teenage to the young adult years. Hospital discharges dramatically decrease after a driver reaches 21.

Age adjusted unintentional motor vehicle death rate, 2000-2008



Motor vehicle-related deaths by cause, 2003-2007

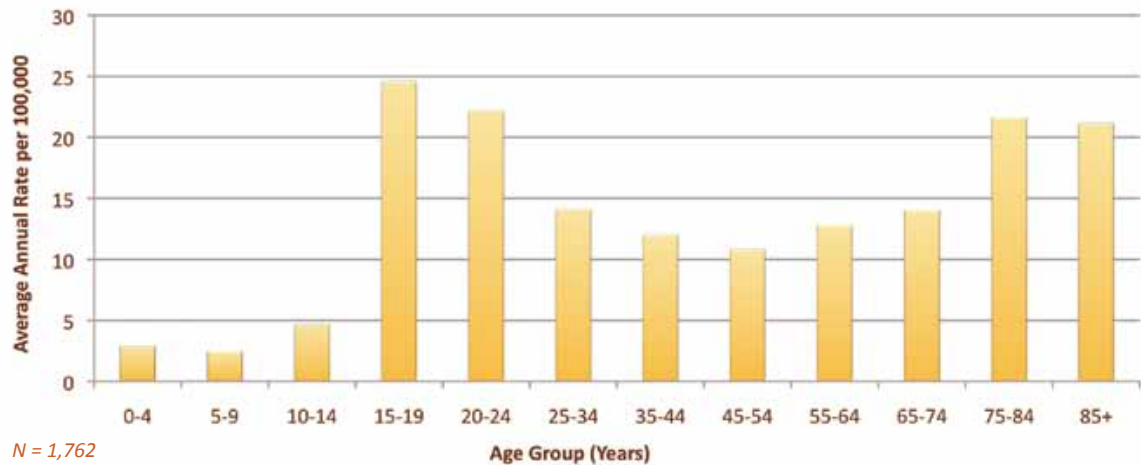


•Between 2003 and 2007, 416 people younger than 19 years were killed in motor vehicle-related incidents.

•The majority of deaths involving motor vehicle crash were among drivers or occupants of motor vehicles.

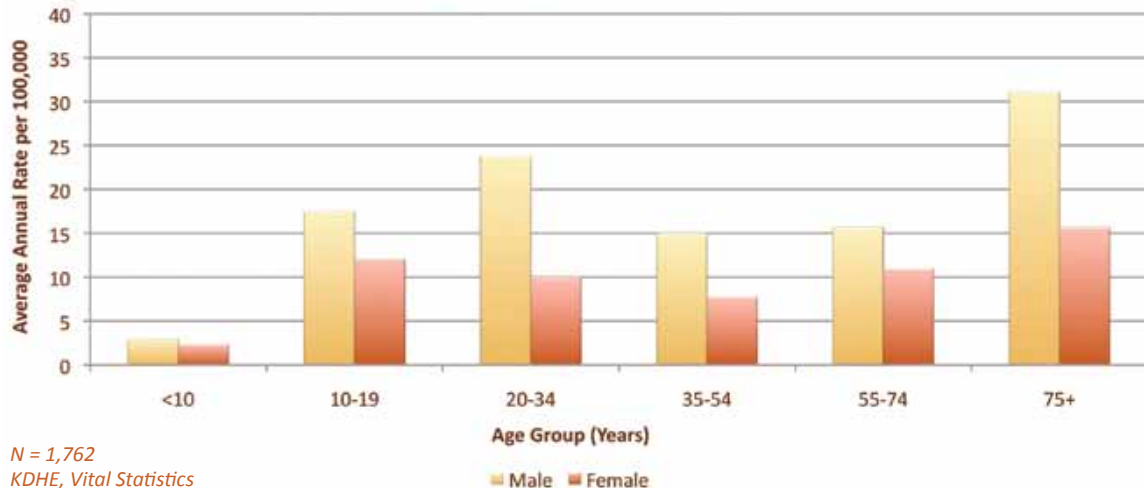
•Motor vehicle-related deaths killed 132 pedestrians in Kansas between 2003 and 2007.

Motor vehicle occupant death rate by age, 2003-2007



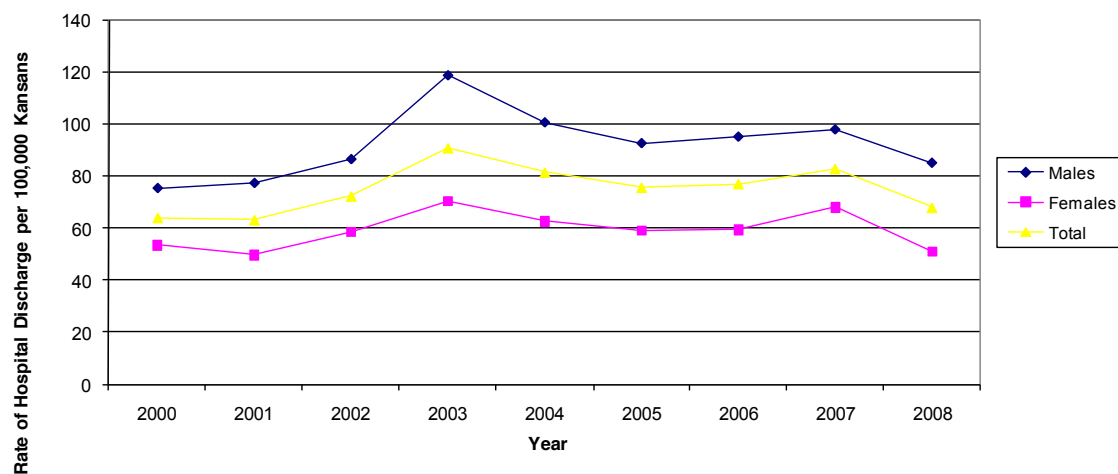
- The highest death rates from motor vehicle crashes occurred among occupants ages 15 to 24 years and those 75 years and older.
- A total of 1,762 Kansans were involved in a motor vehicle occupant fatality between 2003 and 2007.
- Between 2003 and 2007, 51 children less than 10 years old were involved in a motor vehicle occupant fatality.

Motor vehicle occupant death rate by age and sex, 2003-2007

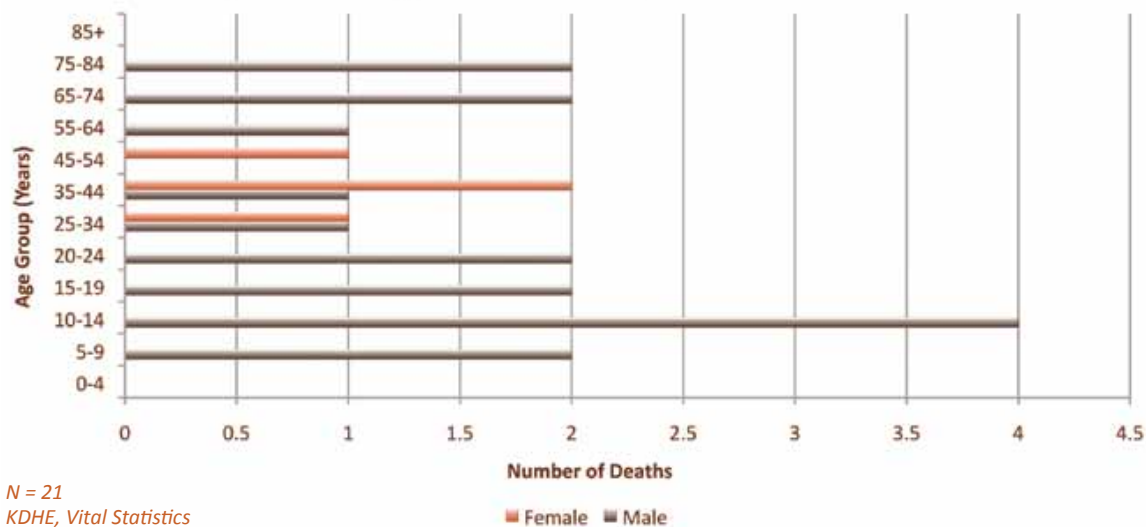


- Between 2003 and 2007, 1,119 males and 643 females died as an occupant or driver in a motor vehicle-related crash.
- Among those ages 20 to 34 years, the rate of motor vehicle occupant mortality is approximately two times higher for males than for females.
- The highest motor vehicle occupant mortality rate occurred among adults 75 years and above.

Age adjusted unintentional motor vehicle hospital discharge rate, 2000-2008



Pedal-cycle deaths involving a motor vehicle, 2003-2007

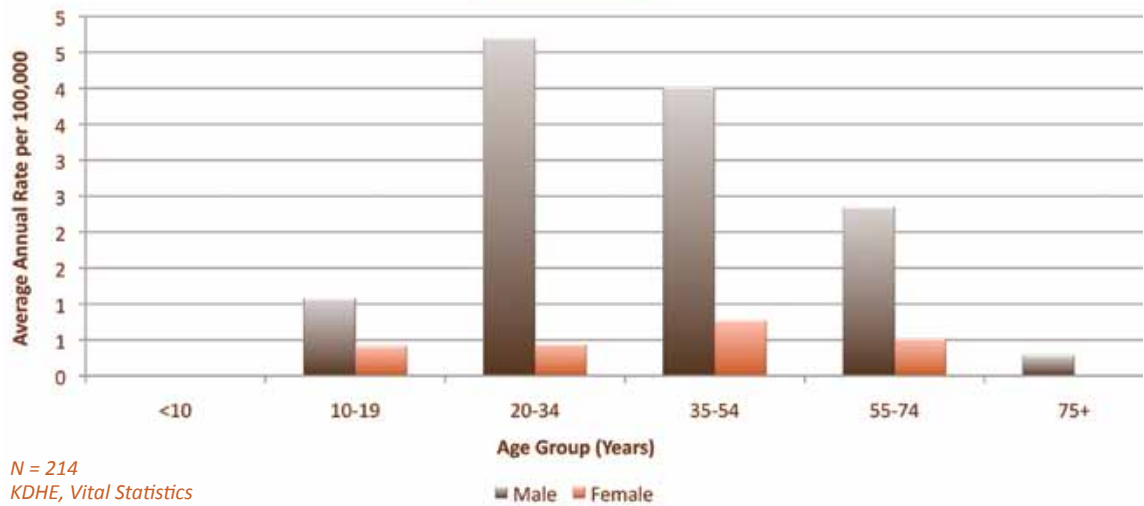


N = 21

KDHE, Vital Statistics

- Between 2003 and 2007, 21 Kansans died in pedal cycle-related incidents involving a motor vehicle.
- The highest number of deaths occurred between the ages of 5 to 9 years old.

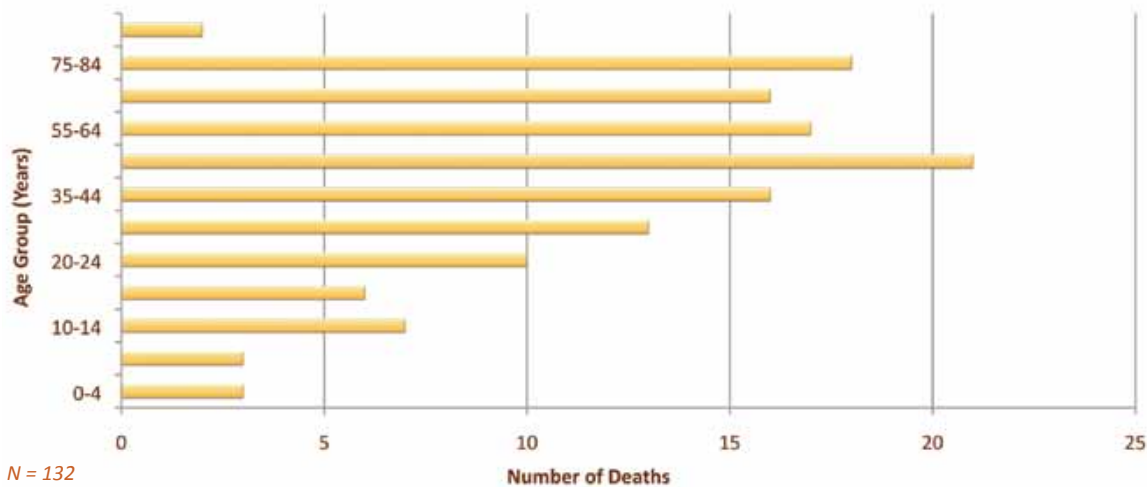
Deaths from motorcycle crashes, 2003-2007



- Between 2003 and 2007, 214 Kansans died from a motorcycle traffic crash.
- The rate of motorcycle traffic death is approximately six times higher among males than among females.
- Among males, the highest rate of motorcycle traffic death occurred among those ages 20 to 30 years; among females, the highest rate of death occurred among those ages 35 to 54 years.

Pedestrian-Motor Vehicle Fatalities

Pedestrian deaths involving a motor vehicle, 2003-2007



- Between 2003 and 2007, 132 pedestrians were killed after being struck by a motor vehicle.
- The highest number of deaths occurred among those ages 45 to 54 years and those 75 to 84 years old.
- Between 2003 and 2007, six pedestrians under age 10 were killed by motor vehicles.

Poisoning

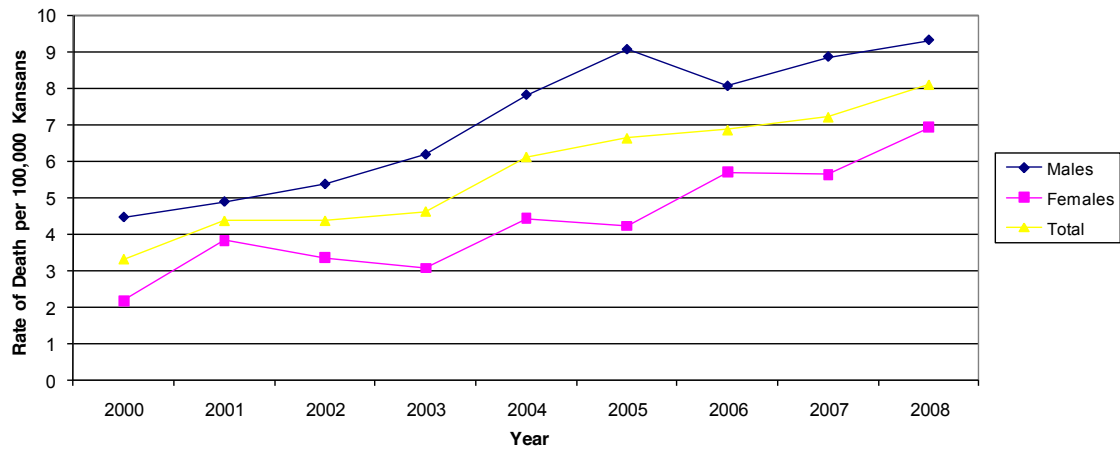
The rise in unintentional poisoning is particularly distressing in Kansas since it has not shown any decreases. Poisoning increased steadily in Kansas for the 2000-2008 period. The peak age of poisoning occurs in midlife. Most of this increase in poisoning is attributed to the abuse of prescription and illicit drugs.¹

Poisoning is a major issue in younger children; hospitalization rates for poisoning peak in those under 5. Children can be poisoned by household and personal care products, vitamins, medicines, indoor plants, lead, and carbon monoxide.² The poisoning rate again increases in midlife.

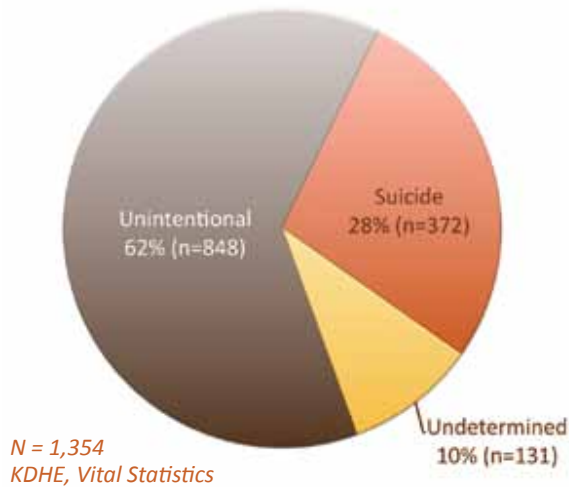
¹ Paulozzi LJ, Ballesteros MF, Stevens JA. Recent trends in mortality from unintentional injury in the United States. *J Safety Res* 2006; 37:277-83.

² 2001 Annual Report of the American Association of Poison Control Centers Toxic Exposure Surveillance System *The American Journal of Emergency Medicine*, Volume 20, Issue 5, Pages 391-452 T.Litovitz

Age adjusted unintentional poisoning death rate, 2000-2008

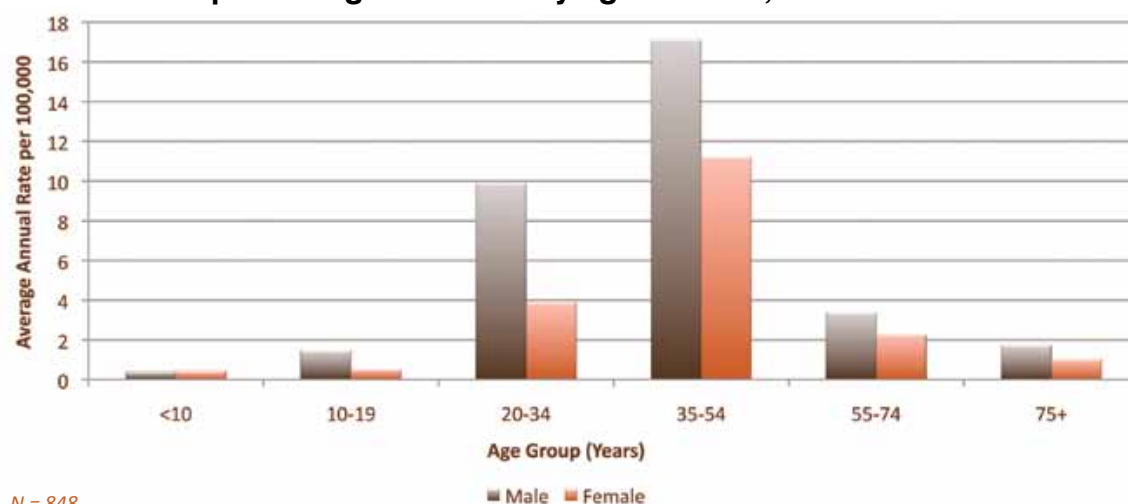


Deaths from poisoning by intent, 2003-2007



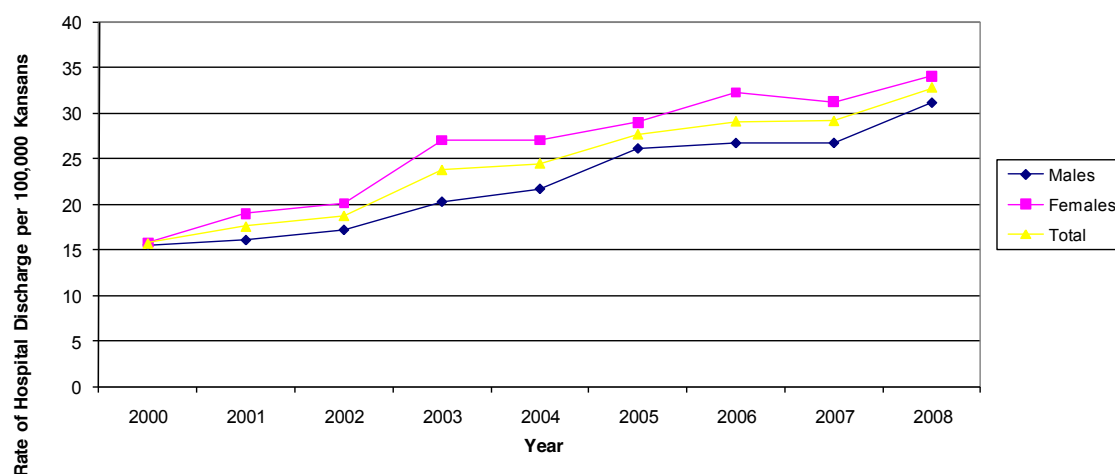
- Between 2003 and 2007, 1,354 Kansans died as a result of poisoning.
- Of the 1,354 Kansans who died of poisoning between 2003 and 2007, 62 percent of deaths were due to unintentional poisonings.

Unintentional poisoning death rate by age and sex, 2003-2007



- A total of 848 Kansans died as a result of unintentional poisoning between 2003 and 2007.
- The highest rate of death from unintentional poisoning occurred among Kansans ages 35 to 54 years.

Age adjusted unintentional poisoning hospital discharge rate, 2000-2008

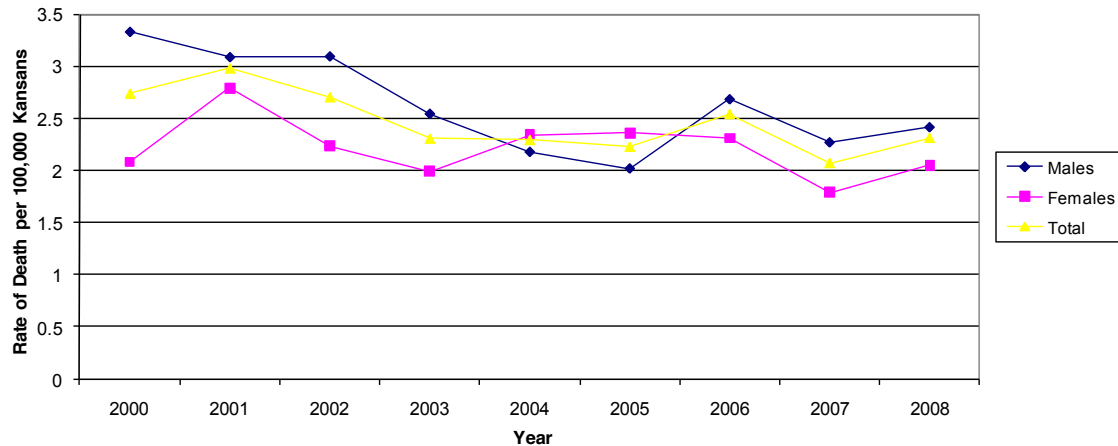


Suffocation

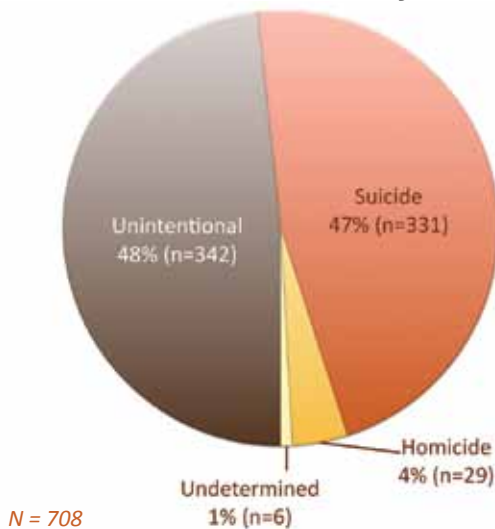
In the last eight years suffocation was the fourth leading cause of unintentional injury and death. Suffocation can occur by choking and not being able to breathe. This affects two main groups: young children who lack developmental and mental abilities to avoid unsafe objects, and older adults who may be unable to care for themselves. Choking in younger children occurs due to small upper airways, inexperience in chewing, and a natural tendency to put

objects in their mouths.³ Among older adults the main risk factors for choking are the chewing of food; hospital or nursing home beds; and body position (among those with degenerative brain diseases such as Alzheimer's).⁴

Age adjusted unintentional suffocation death rate, 2000-2008



Deaths from suffocation by intent, 2003-2007



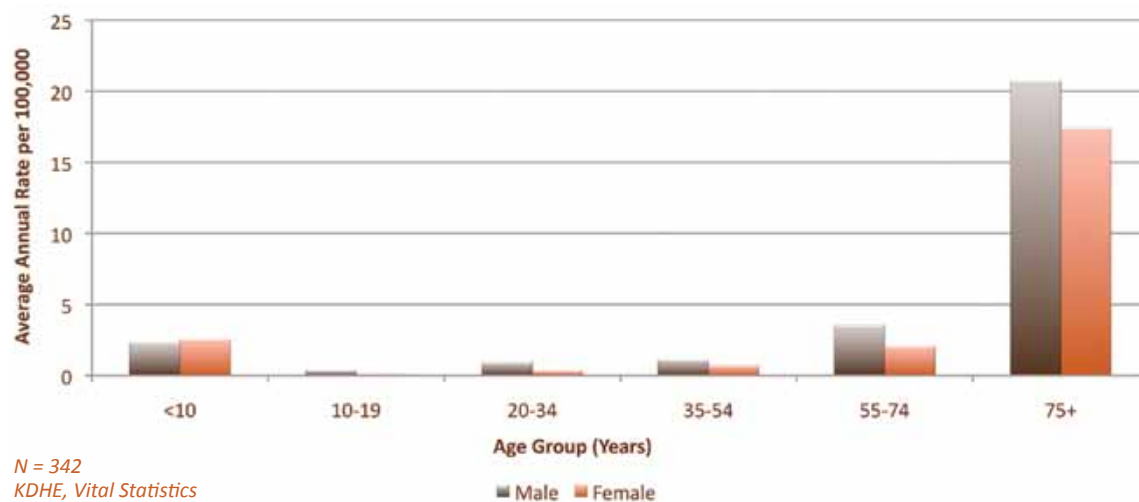
N = 708
KDHE Vital Statistics

- The majority of the suffocation deaths (48 percent) were unintentional.
- Suicides were a large portion of the suffocation deaths (47 percent).

³ Rimell FL, Thome A, Jr, Stool S, et al. Characteristics of objects that cause choking in children. JAMA. 1995;274(22):1763-1766

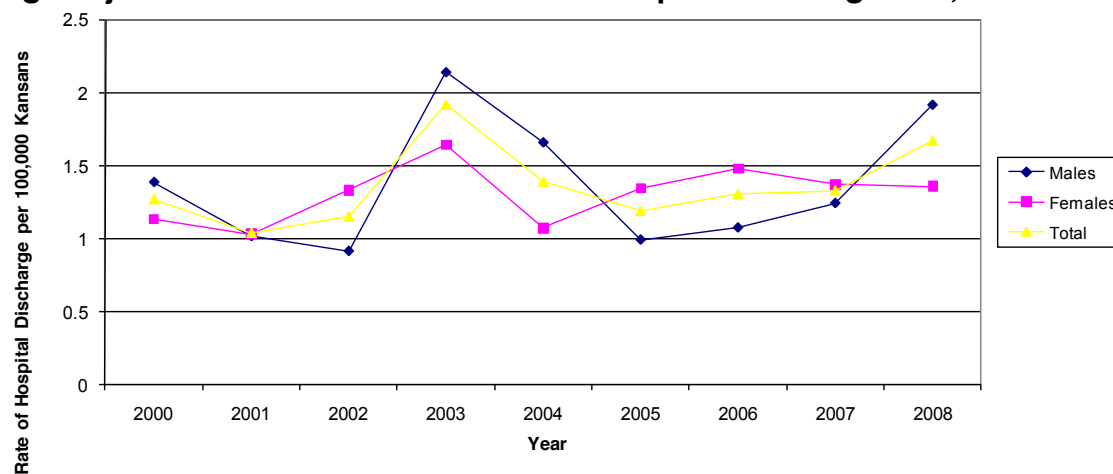
⁴ Manitoba Health Department, (n.d.). Preventing suffocation and choking injuries in Manitoba.

Deaths from suffocation by age and sex, 2003-2007



- A total of 342 Kansans died from unintentional suffocation between 2003 and 2007.
- The rate of unintentional suffocation is highest among Kansans 75 years and older.
- Among Kansans age 75 years and older who died from unintentional suffocation, males died at a higher rate than females (2.72 vs. 2.04 per 100,000 population).

Age adjusted unintentional suffocation hospital discharge rate, 2000-2008



Progress Report on Injury Planning

In 1999 and 2000 the Injury Prevention Steering Committee reviewed injury data from several sources and created a prioritized list of injury issues in Kansas. Through a consensus development process, the committee created objectives and recommendations for addressing these injury priorities. In 2001 the committee published its work in the document *Injury in Kansas Strategic Plan: Phase I*.

Since 2001 there have been several planning efforts focused on individual injury types, but no new effort to prioritize among the injury issues. Presented here is a progress report on the 2001 plan's objectives and recommendations. Lori Haskett, director of KDHE's Office of Injury and Disability Programs, provided the progress information.

Please note: "No action taken" is a statement of fact, not a value judgment regarding the objective.

Overall Injury Deaths

Objectives & Recommendations	Progress
<p>Reduce the age-adjusted rate of deaths due to injury to no more than 53.4 per 100,000 population, by 2010.</p>	<ul style="list-style-type: none"> • Each year mini-grant funding is awarded to local communities for injury prevention programming. • In 2009, the following safety devices were distributed: <ul style="list-style-type: none"> • 725 gunlocks • 1,000 baby bath thermometers • 110 personal floatation devices • 17,659 additional safety devices, such as outlet covers and baby gates
<p>Education of the general public and targeted groups, such as policymakers, is important in the long term.</p>	<ul style="list-style-type: none"> • Each year local programs partner with a variety of local agencies to provide over 2,000 injury prevention activities, such as: <ul style="list-style-type: none"> • Bike helmet fittings • Water safety programs • Home safety programs • Grade school programs • Safety fairs

Objectives & Recommendations	Progress
<p>Passage and enforcement of laws and policies directed toward the prevention of injuries is critical.</p>	<ul style="list-style-type: none"> • The Trauma Program was established in 1999 as a result of legislation, and KDHE was authorized to serve as the lead agency. (See specific injury areas for other examples of laws passed.) <ul style="list-style-type: none"> • The trauma system is comprised of all hospitals, EMS agencies and health departments. • Six Regional Trauma Councils provide the opportunity for those interested in trauma system development to get involved, whether it's planning for trauma education, providing community education, identifying solutions to address the needs of the trauma patient, analyzing data to target injury prevention efforts or updating regional trauma plans.
<p>Technology changes that provide for a safer environment is one of the most effective strategies (along with legislation) to prevent injuries.</p>	<ul style="list-style-type: none"> • While KDHE is not responsible for them, these technology changes have occurred in recent years: <ul style="list-style-type: none"> • Rumble strips • Improved engineering of highways • Improved engineering of vehicles

Dog Bites

Objectives & Recommendations	Progress
<p>Establish adequate surveillance of dog bite related injuries by 2005.</p>	<ul style="list-style-type: none"> • No action taken.

Objectives & Recommendations	Progress
Developing a surveillance system for dog bites would be helpful in establishing prevention programs. Information should include the circumstances surrounding the bite, ownership, breed, sex, age, spay/neuter status, and history of prior aggression of the dog; the nature of restraint before the bite incident; and information about the bite victim (age, location, gender, area of body where bitten, and activities engaged in during incident).	<ul style="list-style-type: none"> No action taken.
Educate dog owners about the proper selection, training, and care of a dog so as to reduce the possibility of owning a dog that bites.	<ul style="list-style-type: none"> No action taken.
Targeting specific breeds of dogs may be unproductive since the representation of breeds changes over time. A more effective approach may be to target irresponsible dog owners.	<ul style="list-style-type: none"> No action taken.

Drowning

Objectives & Recommendations	Progress
Reduce the age-adjusted rate of unintentional drowning deaths to no more than 1.2 per 100,000 population by 2010.	<ul style="list-style-type: none"> No specific program on drowning prevention. Press releases are sent out about the topic; for instance, they encourage ensuring that neighborhood pools are completely enclosed by fences.
Increase personal responsibility for limiting alcohol use during recreational activities.	<ul style="list-style-type: none"> No action taken.

Objectives & Recommendations	Progress
Public awareness campaigns about the dangers of mixing alcohol and water related activities aid in the prevention of water related injuries and deaths.	<ul style="list-style-type: none"> No action taken.
Close adult supervision for children who are playing in or around water.	<ul style="list-style-type: none"> The Kids Don't Float program is a joint effort of Safe Kids Kansas and the U.S. Army Corp of Engineers. It offers personal floatation device (PFD) loaner boards maintained at two public lakes in Kansas: Big Hill and Milford.
Keep children away from open water sources, including 5-gallon buckets of water.	<ul style="list-style-type: none"> Included in press releases.

Falls

Objectives & Recommendations	Progress
Reduce the age-adjusted death rate caused by unintentional falls and fall-related injuries to no more than 2.4 per 100,000 population by 2010.	<ul style="list-style-type: none"> Falls were the focus at the 2009 Injury Prevention Symposium and of the Kansas Regional Trauma Council's prevention efforts. KDHE applied for, but did not receive, Centers for Disease Control Core II funding related to fall prevention.
Physical activity, environmental modifications, and close supervision of prescription medication are three areas where prevention strategies have been found to be effective in reducing falls.	<ul style="list-style-type: none"> There have been local-level activities funded by injury prevention mini grants.

Objectives & Recommendations	Progress
Statewide surveillance of falls, with standardized computer-based collection systems, would aid in the tracking of fall-related injuries, as well as the evaluation of the effectiveness of prevention and control efforts.	<ul style="list-style-type: none"> • Compiled data for the fall prevention Symposium. • Falls and trends are tracked.
Making health care workers and providers aware of the risk factors for falls among the elderly may be an important component to a fall prevention program.	<ul style="list-style-type: none"> • There have been local-level activities funded by injury prevention mini grants.

Fire

Objectives & Recommendations	Progress
Reduce the age-adjusted rate of residential fire deaths to less than .6 per 100,000 population.	<ul style="list-style-type: none"> • Safe Kids Kansas operates a bilingual interactive 911 simulator, which helps children learn how to properly react during an emergency situation and how to properly call 911 in their area. • In the last six years, more than 12,593 children and adults completed the simulation and education program at 102 community events.
Increase the proportion of households who report having a working smoke alarm in their home to 100% by 2010.	<ul style="list-style-type: none"> • KDHE receives funding from the Centers for Disease Control for the Kansas Fire Injury Prevention Program (KFIPP). • The program installs about 1,500 smoke alarms in Kansas homes annually. • In 2002, 87.2% of Kansas homes reported having an installed and working smoke alarm.

Objectives & Recommendations	Progress
Installation, testing and maintenance of smoke alarms in homes, particularly homes in lower income areas will reduce fire-related deaths.	<ul style="list-style-type: none"> • Done through KFIPP.
The use of existing social services (e.g. Meals on Wheels) might be effective outreach mechanisms.	<ul style="list-style-type: none"> • Done through KFIPP.
The adoption of self-extinguishing cigarette legislation may be useful in preventing fire caused by smoking materials.	<ul style="list-style-type: none"> • Legislation was passed in 2009.
A well-thought-out fire escape plan is essential with two exits from every room. Plan and practice fire drills, including a meeting place outside of the home.	<ul style="list-style-type: none"> • KFIPP assists communities in developing fire escape plans.
Education efforts focused at setting hot water heaters to 120 degrees or below may reduce scald injuries.	<ul style="list-style-type: none"> • Safe Kids Kansas sends out press releases on this topic. • Distributed baby bath thermometers.

Firearms

Objectives & Recommendations	Progress
Reduce the age-adjusted rate of firearm-related deaths to less than 4.9 per 100,000 population by 2010.	<ul style="list-style-type: none"> • No action taken.
Minimize the risk of unsupervised child access to loaded weapons by locking up ammunition and firearms separately.	<ul style="list-style-type: none"> • Safe Kids programs have distributed gun locks.
Increase surveillance to improve understanding of Kansas firearm injuries; national data may not always reflect the differences between states.	<ul style="list-style-type: none"> • Concealed carry legislation passed in 2006.

Motor Vehicle Collisions, Table 1

Objectives & Recommendations	Progress
<p>Reduce the age-adjusted rate of deaths caused by motor vehicle collisions to no more than 17 per 100,000 population by 2010.</p>	<ul style="list-style-type: none"> • Model booster seat legislation was passed in 2006. • An upgraded graduated licensing bill was passed in 2009.
<p>The decline in motor vehicle-related deaths has been attributed to several causes, including improved crash worthiness of automobiles, increased seat belt use, and reduced alcohol use.</p>	<ul style="list-style-type: none"> • A primary-offense safety belt law for all Kansans under the age of 18 was passed in 2007.

Motor Vehicle Collisions, Table 2

Recommendation	
Child safety restraints such as car seats and booster seats are highly effective if used properly.	
Progress	
<ul style="list-style-type: none"> • The Safe Kids Buckle Up program started in 1998. Its achievements include: <ul style="list-style-type: none"> • 55,178 child safety seats checked at 2,410 local checkup events since 1998. • 3,650 seats checked in 2009 at 281 local checkup events (including van events). • 27,587 child safety seats and booster seats distributed to low-income families. • 31 lives saved since 2000. • Safe Kids Kansas operates two mobile child safety seat checkup vans—one based in Lawrence and one in Wichita. The vans help to facilitate child safety seat education and checkup events across Kansas. Nearly 13,000 child safety seats have been checked out at van events across Kansas. • In the last six years Safe Kids Kansas has distributed 101 safety seats for special-needs children through a grant from Kansas Emergency Medical Services for Children. • Special events are held in communities in recognition of Child Passenger Safety Week. 	<ul style="list-style-type: none"> • During 2009, Safe Kids Kansas and 16 local coalitions received Buckle Up grants totaling \$20,104.82. • Each year child passenger safety certification trainings, technical renewal courses, and workshops are conducted, training new CPS technicians and educating advocates. • Safe Kids Kansas participates in a national initiative, Spot the Tot. The program provides education and demonstrations to parents and children regarding safety in and around cars, including the dangers of back-over injuries and children left alone in vehicles. • Safe Kids Kansas, in partnership with State Farm Insurance and the Kansas Department of Transportation, sponsored the 6th annual Bucks for Buckles campaign. It gave \$1 rewards to drivers and passengers “caught” properly restrained.

Pedestrian-Motor Vehicle Fatalities

Objectives & Recommendations	Progress
<p>Reduce the age-adjusted rate of pedestrian fatalities involving motor vehicles to no more than .9 per 100,000 population by 2010.</p>	<ul style="list-style-type: none"> • Under the Walk this Way program: <ul style="list-style-type: none"> • 145,795 children ages 5-9 have participated in the program (13,450 in 2009). • In 2009, the 10th Annual Walk to School Day featured events at 39 schools. • Reflective backpack tags are distributed to about 10,000 participating children each year. • Eleven local Safe Kids affiliates received Walk This Way grants, and eleven received Halloween Safety grants. • Two local Safe Kids coalitions received School Safety Committee Grants, and one Safe Kids coalition received an Environmental Task Force grant.
<p>Longer WALK signals at traffic lights.</p>	<ul style="list-style-type: none"> • Progress unknown.
<p>Creating barriers between traffic and pedestrians, such as easements, sidewalks, overpasses, underpasses, and footbridges.</p>	<ul style="list-style-type: none"> • Progress unknown.
<p>Restricting the legal blood alcohol levels of pedestrians.</p>	<ul style="list-style-type: none"> • Progress unknown.
<p>Slower speed limits on streets with heavy pedestrian traffic.</p>	<ul style="list-style-type: none"> • Progress unknown.

Poisoning

Objectives & Recommendations	Progress
Reduce the age-adjusted rate of unintentional poisoning deaths to no more 1.5 per 100,000 population by 2010.	<ul style="list-style-type: none"> Partner with the University of Kansas Hospital Poison Control Center for Poison Control Week, sending out joint press releases.
Most poisonings happen in the home. Therefore, prevention efforts should focus on this environment.	<ul style="list-style-type: none"> Several local programs have distributed more than 17,000 home safety devices, which include cabinet locks that restrict access to poisons.
The proper use of safety devices is recommended. Devices such as safety latches are needed to prevent children's access, even if the products inside the cabinet are in child-resistant containers.	<ul style="list-style-type: none"> See above. The poison purse poster, distributed through all Kansas EMS departments, identifies items in purses poisonous to children.

Sports-Related Injuries

Objectives & Recommendations	Progress
Establish surveillance of sports-related injuries in Kansas by 2005.	<ul style="list-style-type: none"> No action taken.
Obtain data on sports-related injuries in Kansas through such data sources as emergency room data, hospital discharge data, school nurses, and targeted surveys of the population.	<ul style="list-style-type: none"> No action taken.

Data

Objectives & Recommendations	Progress
<p>Increase access to data for research and policy use for state and community injury prevention and control activities by 2005.</p>	<ul style="list-style-type: none"> • Data are used in a wide variety of ways: <ul style="list-style-type: none"> • As content in about 35 press releases distributed each year to 300 statewide media outlets. • As content in about 55 radio and television interviews each year. • To develop KDHE newsletter articles. • To answer local partner requests for information about their programs. • As content in participant briefing materials at annual injury prevention symposiums like this one. • To fulfill requirements in injury prevention grant applications. • As content in KDHE's legislative bill reviews.
<p>Facilitate statewide E-coding of injuries and gain 100% voluntary participation.</p>	<ul style="list-style-type: none"> • 91.6% of injury hospitalizations now have cause coding.
<p>Institute a State trauma registry and gain 100% voluntary regional participation.</p>	<ul style="list-style-type: none"> • Participation is mandated by state law.
<p>Promoting E-code training of health care providers and medical record coders may help to improve the level of E-coding in the State.</p>	<ul style="list-style-type: none"> • This training has been offered since 2002.

Objectives & Recommendations	Progress
<p>Continue to establish and build upon good working relationships between data handlers in the injury field in the State of Kansas, such as the Center for Health and Environment Statistics, KDHE, the Child Death Review Board, Kansas Bureau of Investigation, the Department of Transportation, Kansas Department of Social and Rehabilitation Services, and Emergency Medical Services.</p>	<ul style="list-style-type: none">• Partners have been working together since 2002.

9 Principles of Effective Prevention Programs

We would like you to consider the following nine principles of effective prevention programs. These principles were uncovered in a study not of unintentional injury prevention, but of preventing substance abuse, risky sexual behavior, school failure, and juvenile delinquency and violence. Still, we think all of them (with appropriate adaptation of Principle 5, “Positive Relationships,” and Principle 6, “Appropriately Timed”) are worth considering in any prevention effort, including those for unintentional injury.

1. **Comprehensive:** Strategies should include multiple components and affect multiple settings to address a wide range of risk and protective factors of the target problem.
2. **Varied Teaching Methods:** Strategies should include multiple teaching methods, including some type of active, skills-based component.
3. **Sufficient Dosage:** Participants need to be exposed to enough of the activity for it to have an effect.
4. **Theory Driven:** Preventive strategies should have a scientific justification or logical rationale.
5. **Positive Relationships:** Programs should foster strong, stable, positive relationships between children and adults.
6. **Appropriately Timed:** Program activities should happen at a time (developmentally) that can have maximal impact in a participant’s life.
7. **Socio-Culturally Relevant:** Programs should be tailored to fit within cultural beliefs and practices of specific groups as well as local community norms.
8. **Outcome Evaluation:** A systematic outcome evaluation is necessary to determine whether a program or strategy worked.
9. **Well-Trained Staff:** Programs need to be implemented by staff members who are sensitive, competent, and have received sufficient training, support, and supervision.

Source: Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention: Principles of Effective Prevention Programs. *American Psychologist*, 58, 449-456.

How to Write SMART Objectives

If at all possible, when you're writing your strategic plan recommendations, try to keep them SMART: Specific, Measurable, Achievable, Realistic, and Time-Framed.

- **Specific:** This means the objective is concrete, detailed, focused and well defined. The objective must be straightforward and emphasize action and the required outcome.
 - Use the 5 Ws and the H. **Who** is involved? **What** must be accomplished? **When** should this happen? **Where** will this occur? **Why** should this be done? **How** should this be done?
- **Measurable:** You should be able to measure whether you are meeting the objective.
 - Ask questions such as "How much?" "How many?" "How will we know the objective is accomplished?"
- **Attainable:** Are the objectives achievable and attainable?
 - Consider whether the human and financial resources are available and can be directed to achieve the objective.
- **Relevant:** Is the objective important to the people who will have to work to achieve it?
 - Consider whether the objective matters to more people than just the people writing it. Will the people who have to do the hard work of implementing the objective understand and care enough about it?
- **Time-Framed:** There are clear start and end dates.
 - Don't forget to keep the deadline attainable.

Example (from another domain)

Between August 1, 2010, and June 15, 2011, the Career Education staff from Bright Futures will have planned and conducted four job training workshops for 50 recent GED graduates in the Topeka area in order to improve their employment prospects.

Ground Rules for Participants

1. Everyone is encouraged to participate.
2. Everyone should speak, but no one should speak too much.
3. Ensure everyone gets a full and fair chance to influence the outcome.
4. This is a deliberation, not a debate.
5. Seek first to understand, then to be understood.
6. If you are offended, say so; and say why.
7. You can disagree, but don't personalize it; stick to the issue.
8. No name-calling or stereotyping.
9. Speak for yourself, not for others.
10. One person speaks at a time.
11. We're trying to do a very big job in a very short time. Please return from breaks promptly.
12. Please remain for the entire meeting to ensure your input is counted and to show respect for others.

Agenda

8:30 a.m. **Registration**

- Participants are randomly assigned to small groups, with whom they will sit and work for the entire Symposium.

9 a.m. **Morning Briefing**

- The symposium facilitator welcomes participants and presents the Symposium's morning agenda and objectives.

9:15 a.m. **Trauma Data Presentation**

9:30 a.m. **Hospital Discharge and Mortality Data Presentation**

9:45 a.m. **Small-Group Discussion: Introductions**

- Small-group members take one minute each to introduce themselves and describe their interests in injury prevention.
- Each small group's facilitator announces the injury category the group has been assigned to focus on.

9:55 a.m. **Small-Group Discussion: Prioritize Injury Types**

- Each small group discusses which injury type or types, from the list in the briefing materials, should be prioritized in statewide prevention efforts.
- Small-group members discuss priorities in the context of limited funding and human resources for prevention efforts in Kansas, and choose those priorities they think they can address with two strategic plan objectives to be written later in the Symposium.
- Individuals vote using a simple colored dot system.

10:30 a.m. **Morning Break**

10:45 a.m. **Small-Group Discussion: Draft Assigned Objective**

- Each small group drafts one, and only one, strategic plan objective for preventing injuries *in its assigned category*.
- Small groups try their best to write the objective in SMART format, but given time constraints, they at least provide the 5 Ws and the H—Who, What, When, Where, Why, and How—and one success measure.
- Each group ensures its recommendation is typed and ready by 12 p.m.

12 p.m. **Lunch**

12:30 p.m. **Prioritization Results and Afternoon Briefing**

- The Symposium facilitator presents the small-group prioritization results, in the aggregate, and presents the Symposium's afternoon agenda and objectives.
- Each group picks a number, 1 through 8, from a box.
- Each group selects, in order of the number it drew, an afternoon injury category.

12:45 p.m. **Finish Lunch**

1 p.m. **Large-Group Discussion: Discuss Assigned Objectives**

- The symposium facilitator displays all the groups' objectives on a projection screen and reads them.
- He leads a Q&A session about each group's objective in turn.
- If time allows, the entire group works to improve the objectives by bringing them closer to SMART format.

2 p.m. **Small-Group Discussion: Begin Drafting Chosen Objective**

- Each small group drafts one, and only one, strategic plan objective for preventing injuries *in the category it chose during lunch*.
- Small groups try their best to write the objective in SMART format, but given time constraints, they at least provide the 5 Ws and the H—Who, What, When, Where, Why, and How—and one success measure.

2:30 p.m. **Afternoon Break**

2:45 p.m. **Small-Group Discussion: Finish Drafting Chosen Objective**

- Small groups finish drafting their chosen objectives.
- Each group ensures its recommendation is typed and ready by 3:15 p.m.

3:15 p.m. **Large-Group Discussion: Discuss Chosen Objectives**

- The symposium facilitator displays all the groups' objectives on a projection screen and reads them.
- He leads a Q&A session about each group's objective in turn.
- If time allows, the entire group works to improve the objectives.

3:55 p.m. **Conclude and Prioritize Objectives**

- The symposium facilitator thanks participants for their hard work and asks them, on their way out, to prioritize all the objectives written at the Symposium, using the same colored dot system employed earlier.

Small-Group Discussion 1 Worksheet

Prioritize Injury Types

Session description

Your small group will discuss which injury type or types, from the list below, should be prioritized in statewide prevention efforts.

Session instructions

1. Discuss priorities in the context of limited funding and human resources for prevention efforts in Kansas.
2. Choose those priorities you think can be addressed with the two strategic plan objectives you will write later in the Symposium.
3. When it comes time to vote, your small-group facilitator will give you eight colored dots and display a large list of the eight injury categories we are working on at the Symposium.
4. Place your dots next to the injury categories you think are most important. You can assign as many or as few of your dots to a category as you wish. For instance, you might think one category is such a high priority that you assign all your dots to it. Or, you might assign one dot to each category, indicating you think they are equally important.

How can I work ahead?

We're glad you asked! You can think in advance about which injury categories should be prioritized and write your tentative rankings in the list below. Imagine you're using the dots, but just write down the number of dots you would assign to each category. The numbers you use should add up to eight.

Injury Category	Priority	Injury Category	Priority
Drowning		Motor Vehicle Collisions	
Falls		Pedestrian-Motor Vehicle Fatalities	
Fire		Poisoning	
Firearms		Suffocation	

Small-Group Discussion 2 Worksheet

Draft Assigned Objective

Session description

Your small group will write a recommended strategic plan objective designed to address an injury category assigned randomly to it by the Symposium organizers. Your small-group facilitator will announce the category.

We're asking you to do this for two reasons:

1. The assigned categories are there to ensure we cover all the major injury categories.
2. We want the 2010-2015 Unintentional Injury Prevention Program Plan to be reader-friendly (that is, short) and to contain only the most promising prevention interventions for Kansas.

We want each group to also have a chance to address the category its

members are most interested in, so later in the Symposium your group will write another objective in the category of its choice.

Session instructions

1. Work with your group to draft one, and only one, strategic plan objective for preventing injuries in your assigned category. Please stick to your assigned category.
2. No multi-part objectives, please.
3. Try your best to write the objective in SMART format, but at least provide the 5 Ws and the H —Who, What, When, Where, Why, and How—and one success measure.
4. Ensure your group's recommendation is typed and ready by 12 p.m. One late group can throw off the entire Symposium's schedule.

During the discussion

Write your ideas in this space.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Small-Group Discussion 3 Worksheet

Draft Chosen Objective

Session description

Your small group will write a recommended strategic plan objective designed to address an injury category you will choose during lunch from among the available categories. Remember, we want the 2010-2015 Unintentional Injury Prevention Program Plan to be reader-friendly (that is, short) and to contain only the most promising prevention interventions for Kansas—that's why we're limiting you to just one recommended objective.

Session instructions

1. Work with your group to draft one, and only one, strategic plan objective for preventing injuries in the category you chose during lunch.
2. No multi-part objectives, please.
3. Try your best to write the objective in SMART format, but at least provide the 5 Ws and the H —Who, What, When, Where, Why, and How—and one success measure.
4. Ensure your group's recommendation is typed and ready by 3:15 p.m. One late group can throw off the entire Symposium's schedule.

How can I work ahead?

Before the Symposium, you can write an objective below that addresses an injury category important to you. Keep in mind, however, that your group may choose to focus on a different injury category.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.